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APPLICANTS

Julie A. Meek, Greenwood, IN;
 Brenda L. Lyon, Indianapolis, IN;
 Wendy D. Lynch, Lakewood, CO;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **
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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initials	IN	3	20	3

ADDRESS

BOSE MCKINNEY & EVANS LLP
 111 MONUMENT CIRCLE, SUITE 2700
 INDIANAPOLIS, IN 46204
 UNITED STATES

TITLE

System and method of predicting high utilizers of healthcare services

FILING FEE RECEIVED 571	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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